

Robert C. Byrd Honors Scholarship Program Performance Report (Award Year)



U.S. DEPARTMENT OF EDUCATION
HIGHER EDUCATION PROGRAMS
WASHINGTON, D.C. 20202

REPORT PERIOD ENDING:

STATE: _____

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

SECTION 1: AWARDS BY TYPE OF POSTSECONDARY INSTITUTION

TYPE OF INSTITUTION	TOTAL # OF RECIPIENTS	AMOUNT PAID
A. IN-STATE PUBLIC INSTITUTIONS	_____	\$ _____.
B. IN-STATE PRIVATE INSTITUTIONS	_____	\$ _____.
C. OUT-OF-STATE PUBLIC INSTITUTIONS	_____	\$ _____.
D. OUT-OF-STATE PRIVATE NON-PROFIT INSTITUTIONS	_____	\$ _____.
E. TOTAL	_____	\$ _____.

SECTION 2: DISBURSEMENT ACTIVITIES

A. ALLOTTED FUNDS USED FOR SCHOLARSHIPS	\$ _____.
B. ALLOTTED FUNDS RESERVED FOR EXPENDITURES	\$ _____.
C. ALLOTTED FUNDS RELEASED TO DEPARTMENT OF EDUCATION	\$ _____.
D. CARRYOVER FUNDS FROM THE PREVIOUS YEAR (FY) NOT USED IN THE AWARD YEAR, RELEASED TO THE DEPARTMENT OF EDUCATION	\$ _____.

SECTION 3: STUDENT DATA

A1. THE NUMBER OF SCHOLARS WHO GRADUATED FROM AN INSTITUTION OF HIGHER EDUCATION
(IF AVAILABLE). _____

A2. THE NUMBER OF SCHOLARS WHO RECEIVED 4 YEARS OF THE AWARD _____

B. THE NUMBER OF NON-RENEWED SCHOLARSHIP RECIPIENTS _____

- (1) Number ineligible due to academic reasons _____
- (2) Number ineligible due to less than full-time status _____
- (3) Number of ineligible due to leaving postsecondary education institution. _____
- (4) Other reason for ineligibility _____

C. DISTRIBUTION OF ALL SCHOLARSHIPS BY CLASS LEVELS _____

a. Freshman _____ b. Sophomore _____ c. Junior _____ d. Senior _____

SECTION IV: CERTIFICATION BY AUTHORIZED AGENCY OFFICIAL

I CERTIFY that the information provided in this Performance Report is based upon information reflected in the official accounting and program records of this agency. Upon request, such records will be made available to the Secretary or his delegate for review.

NAME AND TITLE OF AUTHORIZED OFFICIAL _____

DATE _____

NAME AND ADDRESS OF STATE AGENCY _____

INSTRUCTIONS

The Robert C. Byrd Honors Scholarship Program Performance Report Fiscal Year 1998 (ED Form E40-33P)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0598. The time required to complete this information collection is estimated to average 2.5 hours (or 150 minutes) per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-5335. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Margaret A. Wheeler, U.S. Department of Education, 1990 K Street, NW., Washington, D.C. 20006-8514

Frequency of Reports

The Robert C. Byrd Honors Scholarship Program Performance Report is submitted once a year. This report covers your FY ____ allotment, for scholarship awards between July 1, ____ through June 30, ____.

Submission of Reports

The signed original of the Robert C. Honors Byrd Scholarship Program Performance Report should be sent to:

Ms. Margaret A. Wheeler
Robert C. Byrd Honors Scholarship Program
U. S. Department of Education
1990 K Street, NW-6th Floor
Washington, D.C. 20202-5335

Preparation of Reports

Section I: - Awards by Type of Postsecondary Institution

Enter the total number of scholarship recipients and the total amount of program funds awarded to those recipients for attendance at in-State and out-of-state public and private nonprofit institutions of higher education.

Section II: - Disbursement Activities

The sum of the amounts reported in this section must equal the amount of your FY ____ allotment plus any funds that you reserved for expenditures in this year, as reported on item II.D, of your FY ____ Byrd Performance Report.

- A. Enter the total amount of funds drawn down from the U.S. Department of Education for FY ____ allotment plus any carryover funds that were awarded to scholars during the period extending from July 1, ____ through

June 30, _____. Report all funds that were obligated for FY ____ scholarships during this period, even if the funds were not actually disbursed to recipients during this period.

- B. Enter the total amount from your FY ____ allotment that has been reserved for use in the subsequent award year, as provided by the terms and conditions of the award.
- C. Enter the total amount of unexpended funds from the current FY ____ allotment that has been or is hereby released to the U.S. Department of Education for deobligation.
- D. Enter the total amount of unexpended carryover funds from the previous year (FY ____) not used from July 1 ____ -June 30, ____ that has been or is hereby released to the U.S. Department of Education for deobligation.

Section III: - Student Data

Enter the total number of participants for each category for your State.

Section IV: - Certification by Authorized Agency Official

An authorized official of the State educational agency that has an agreement with the U.S. Department of Education to participate in the Robert C. Byrd Honors Scholarship Program must sign the certification statement. (NOTE: Since the State educational agency is the entity that has legal responsibility for administration of the program, an authorized official of that agency must sign this statement even if the State educational agency has delegated certain administrative responsibilities to another agency.)

REVIEW GUIDE OF THE FY_____
ROBERT C. BYRD HONORS SCHOLARSHIP PROGRAM
PERFORMANCE REPORT

BEFORE YOU MAIL THE PERFORMANCE REPORT

PLEASE CHECK THE FOLLOWING:

SECTION I.

- ✓ The recipient "TOTAL" (E) must equal the sum of the recipients (A+B+C+D).
- ✓ The "Amount Paid" total (E) must equal the sum of the amounts paid in (A+B+C+D).
- ✓ The "Amount Paid" total for each type of institution (A through D) must equal \$1,500 for new and renewal, times the number of recipients for each type of institution.

SECTION II.

- ✓ The Amount Paid in "A" must equal the Total Amount Paid in Section I "E". The amount in "A" should include your--
 - (1) FY_____ allotment used for scholarships, and
 - (2) FY_____ scholarship funds that you reserved in Section II "B" of your FY_____ Performance Report. The FY _____ carryover funds must have been obligated by September 30, _____. You can not obligate those funds after that date. If you used such funds after September 30, _____, you must deobligate those FY_____ funds to the Department in Section II "D". Any scholarship erroneously awarded with those funds must be made good from available FY 1998 State funds.
- ✓ The sum of A+B+C+D must be equal to the State's total FY _____ allotment plus any funds carried over from the FY_____ Performance Report.

SECTION III.

Self-explanatory.

SECTION VI.

Self-explanatory.